

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	/					
13		/				
14		/				
15		/				
16		/				
17		/				
18	/					
19		/				
20		/				
21	/					
22		/				
23		/				
24		/				
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27		/				
28		/				
29		/				
30	/					
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35		/				
36	/					
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45						
46						
47						
48						
49						
50						
Total Indep.	5					
Total Depend.	28					
Total Claims	33					

* May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
51						
52						
53						
54						
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56						
57						
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96						
97						
98						
99						
100						
Total Indep.						
Total Depend.						
Total Claims						